

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926,016

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1				
7		1				
8		1				
9		1		1		
10		1		1		
11		1		1		
12		1				
13		1		1		
14		1				
15		1				
16		1				
17		1		1		
18		1				
19		1				
20		1		1		
21		1				
22		1		1		
23		1		1		
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		4		1		
33		4		1		
34		1		1		
35		1				
36		1				
37		1		1		
38		1				
39		1		1		
40		1		1		
41		1		1		
42		1				
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		4		1		
55		1		1		
56		1		1		
57		1				
58		1				
59		1				
60		1				
61		4		1		
62		4		1		
63		4		1		
64		4		1		
65		4		1		
66		4		1		
67		1		1		
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		3		1		
75		1		1		
76		1		1		
77		1		1		
78		1		1		
79		1		1		
80		1		1		
81		1		1		
82		1		1		
83		1				
84		1				
85		1		1		
86		1		1		
87	1		1			
88	1		1			
89	1		1			
90		1				
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	85	↓		↓
TOTAL CLAIMS			87			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

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National Stage Processing  
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